## ABSENTEE BALLOT APPLICATION FOR THE **NOVEMBER 7, 2006 GUBERNATORIAL GENERAL ELECTION**

This application must be received by the elections official no later than 5 pm on OCTOBER 31, 2006

First Name	Middle Name (or initial)	Last Name
2. DATE OF BIRTH:		
	Mo/Day/Yr	
3. PRINT RESIDENCE ADDRESS	IN PLACER COUNTY:	
Number and Street (P.O. Box not a	cceptable)	(Designate N.S.E.W. if used)
	TELEPHO	NE:
City	Zip	Daytime
4. PRINT MAILING ADDRESS FO	OR BALLOT (if different from a	(bove):
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4. PRINT MAILING ADDRESS FO NOTE: Organizations distribut information.  Number and Street/ P.O. Box		
NOTE: Organizations distribut information.  Number and Street/ P.O. Box	ing this form may not prepri	(Designate N.S.E.W. if used)
NOTE: Organizations distribut information.  Number and Street/ P.O. Box  City THIS APPLICATION WILL NOT BE AC	ing this form may not prepring this form may not prepring the state State CCEPTED WITHOUT THE PROPER S	(Designate N.S.E.W. if used)  Zip Code GIGNATURE OF THE APPLICANT.
NOTE: Organizations distribut information.  Number and Street/ P.O. Box  City THIS APPLICATION WILL NOT BE AC	ing this form may not prepring this form may not prepring the state State CCEPTED WITHOUT THE PROPER S	(Designate N.S.E.W. if used)  Zip Code GIGNATURE OF THE APPLICANT.
NOTE: Organizations distributinformation.  Number and Street/ P.O. Box  City THIS APPLICATION WILL NOT BE ACIT In the second supplied for, nor do I intended.	state CCEPTED WITHOUT THE PROPER S	(Designate N.S.E.W. if used)  Zip Code BIGNATURE OF THE APPLICANT. this election by any other means.
NOTE: Organizations distribut information.  Number and Street/ P.O. Box  City THIS APPLICATION WILL NOT BE ACI have not applied for, nor do I intend I certify under penalty of perjury under	State CCEPTED WITHOUT THE PROPER S I, to apply for an absentee ballot for er the laws of the State of California	(Designate N.S.E.W. if used)  Zip Code BIGNATURE OF THE APPLICANT. this election by any other means.
NOTE: Organizations distribut information.  Number and Street/ P.O. Box  City THIS APPLICATION WILL NOT BE ACI have not applied for, nor do I intend	State CCEPTED WITHOUT THE PROPER S I, to apply for an absentee ballot for er the laws of the State of California	(Designate N.S.E.W. if used)  Zip Code BIGNATURE OF THE APPLICANT. this election by any other means.

WARNING: Perjury is punishable by imprisonment in state prison for two, three or four years. (Section 126 of the California Penal Code) THIS FORM WAS PROVIDED BY:

## FOR OFFICIAL USE ONLY

If you would like to be a permanent absentee voter please mark an X in the

An absentee ballot will automatically be sent to you for future elections. Failure to vote in two consecutive statewide general elections will cancel your permanent absentee voter status and you will need to reapply. If you have any questions concerning voting by absentee ballot, telephone your County of residence Election office.

Election Code Section 3201 and 3206.

You have the legal right to mail or deliver this application directly to the local elections official where you reside. This address is:

Placer County Elections 2956 Richardson Drive PO Box 5278 Auburn, Ca 95604 Phone:530-886-5650 or 1-800-824-8683 (Within California)

Returning this application to anyone other than your elections official may cause a delay that could interfere with your right or ability to vote.

The format used on this application MUST be used by ALL individuals, organizations and groups that distribute absentee ballot applications. Elections Code Section 3007

Failure to conform to this format may result in criminal prosecution. Elections Code Section 18402